



Public Employees' Retirement System
Health Benefits Division
P.O. Box 942714
Sacramento, CA 94229-2714
(916) 326-3605

DIRECT PAYMENT AUTHORIZATION

PERS-HBD-21 (REV 4/88)

PERS USE ONLY—DOCUMENT REFERENCE NUMBER

PART A

• EMPLOYEE INFORMATION •

1. SOCIAL SECURITY NUMBER		2. NAME (PLEASE TYPE) (FIRST) (MIDDLE) (LAST)	
3. HOME PHONE NUMBER ()		4. HOME ADDRESS (STREET) (CITY) (STATE) (ZIP)	

PART B

• CARRIER AND PREMIUM •

5a. DIRECT PAYMENT TO: (CARRIER NAME AND ADDRESS)	5b. PLAN CODE	
	6a. GROSS PREMIUM \$	
THE ABOVE PREMIUM IS PAYABLE TO CARRIER INDICATED, BEGINNING WITH PREMIUM MONTH OF:	6b. MONTH (alpha)	6c. YEAR (numerical)

I agree to pay the total premium direct to the health plan carrier listed above before the tenth of each month which precedes the premium month.
(For example, the June premium would be due by May 10th; the July premium would be due by June 10th.)

Note: I understand that failure to pay premiums will result in the suspension of my coverage. I also understand that the carrier will not bill me for premium and no employer contribution is available for direct payment.

6d. EMPLOYEE SIGNATURE (see reverse for important information and disclosure statement)	6e. DATE
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PART C

• REASON FOR DIRECT PAY •

7. <input type="checkbox"/> LEAVE OF ABSENCE	8. <input type="checkbox"/> APPEAL FOR DISMISSAL	9. <input type="checkbox"/> SUSPENSION
10. <input type="checkbox"/> ON WORKER'S COMP (ELECTED NOT TO SUPPLEMENT) OR CLAIM PENDING	11. <input type="checkbox"/> PERMANENT INTERMITTENT (OFF-PAY)	12. <input type="checkbox"/> ROLL CODE 9
13. <input type="checkbox"/> APPLIED FOR DISABILITY RETIREMENT	14. <input type="checkbox"/> OTHER (INSUFFICIENT EARNINGS, PENDING NDI) PLEASE EXPLAIN	

PART D

• AGENCY INFORMATION •

15a. NAME OF EMPLOYING AGENCY		15b. EMPLOYEE POSITION INFORMATION				
		AGENCY	UNIT	CLASS	SERIAL	BARG. UNIT
16. DATES OF ABSENCE (numerical) FROM: MONTH DAY YEAR TO: MONTH DAY YEAR		17. LAST PREMIUM DEDUCTION PAY PERIOD MONTH (alpha) YEAR (numerical)				
18. SIGNATURE OF HEALTH BENEFITS OFFICER		19. DATE		20. TELEPHONE NUMBER ()		